A willing suspension of disbelief: context, healing and the stories of acute medicine.

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The enactment of the clinical encounter is a key factor determining a person’s response to any healthcare intervention. The interaction of bodies and minds, in space, over time matters. But, unlike the neat de-contextualization afforded by the randomised controlled trial, the encounter between the practitioner and the patient is set in a sea of expectation and information, somatic experience and interpretation. Bias abounds. Consultations are unpredictable. Yet, predictability and reproducibility matters. As an idea, as a concrete approach, the assumption of reproducibility underpins the acute model of medicine. This acute model, in turn, shapes our cultural understanding of healing – for both patients and practitioners. We live in stories, and the dominant stories told about health use the acute model: there is a pill for everything; we will return to full good health; chronic conditions belong to people other than ourselves. As a society, we believe the acute model and many of our key beliefs about health are shaped by it. Yet, this is no longer true. In the balance of health, chronic conditions and multi-morbidity now dominate and are predicted to continue to rise. When we have a condition that simply will not go away, our belief is overturned by our experience and our understanding of the world fractured.

This paper will explore how culture shapes our expectations and how these expectations in turn shape the beliefs, large and small, we bring to the consultation room. It will examine how by burnishing these beliefs or choosing to willingly suspend them we might shape the capacity to heal.

I’m a performance ethnographer -- a humanities specialist who draws on methodological approaches and literature from Performance Studies. Performance Studies (PS) is a discipline that takes a whole systems approach to understanding human-to-human interactions by considering the material and immaterial processes at work in an encounter. Underpinned by the so-called anthropological ‘turn’, PS developed out of the work of researcher-practitioners such as Richard Schechner and Victor Turner and has its roots in Aristotelian and Platonic questions about what it is to be human. Combined with a semiotics of theatre and everyday life described by writers such as Pavis and Alter, it analyses the performances of the church, or the street, or the courtroom through interpretation of costumes, scripts, sets, embodied and emotional experiences and knowledges, rituals and narrative structures. I’m part of a transdisciplinary team whose members work in medicine, psychology and the humanities. We take a whole-systems approach to try and understand how context shapes a person’s healing response both positively and negatively. Our five-year collaboration has led us to identify four key concepts: (1) human-to-human interactions matter, (2) context matters, (3) the whole person and their community matters and (4) communication, reception and interpretation matters. We believe that interactions, predominantly human-to-human, enable the Healing Response - the intrinsic ability of the human organism to self-heal following physical, emotional, spiritual or social disruption, and regain homoeostasis.